

TOWN OF NATICK APPLICATION FOR EMPLOYMENT

Natick Recreation and Parks Department 179 Boden Lane Natick, Massachusetts 01760

· ·	Date of Application					
Position applied for						
Are you available to work	Full Time	Part Time	Other			
Referral Source: Advertisement	Job Posting	Relative	Friend	Other		
SECTION I: PERSONAL INFORMATIO	N					
Name:	_			_		
Address:	first		mido	elk		
no. & street Social Security No.		wn Telephone	·	o code		
If hired, can you provide proof of citizenshi	p or legal right to work?	,	Yes	No		
Are you under 18 years of age?	Yes No	If yes, how old	d are vou?			
Valid Mass. Drivers License Number			Class			
Have you ever filed an application here be	efore?		Yes	No		
Have you ever been employed with the To	wn of Natick before?		Yes	No		
If yes, give dates of employment	in which Depart	ment?				
Do you have relatives working in the same	department where you	are applying?				
After reviewing the job description, do you				Yes No		
If no, which duty(ies) are you not capable	of performing?					
What, if anything, could be changed that	would allow you to perf	form the duty(ies) lis	ted above?			
Have you ever been convicted of a felony	·ŝ		Yes	No		
If yes, please specify	_			_		
Have you ever been convicted of a misde	meanor in the last five y	/ears?	Yes	No		
If yes, please specify						
Note: You are not required to furnish info	ormation for any offense	e committed prior to	o your seventeent	h (17) birthday,		

Note: You are not required to furnish information for any offense committed prior to your seventeenth (17) birthday, (i.e., Sealed records, first conviction for simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Conviction will not necessarily be a bar to employment.

SECTION II: EMPLOYMENT HISTORY

Employer's Name:				
Address:		_ Telephone No. (_)	
Job title:				
Immediate Supervisor's name and job title:	Worked from:		to:	
	Pav:	9	e dates	
		starting		ending
Describe work you performed:				
May we contact this employer?				
Employer's Name:				
Address:				
Job title:			•	
Immediate Supervisor's name and job title:			to:	
	Deva	9	e dates	
	Pay:	starting		ending
Describe work you performed:				
May we contact this employer?				
Employer's Name:				
Address:		_ Telephone No. (_)	
Address: Job title:		_ Telephone No. <u>(</u> _		
Address:		_ Telephone No. (_		
Address: Job title:	Worked from:	_ Telephone No. (to: e dates	
Address: Job title:	Worked from:	_ Telephone No. <u>(</u>	to: e dates	
Address: Job title: Immediate Supervisor's name and job title:	Worked from:Pay:	Telephone No. (to: e dates	ending
Address: Job title: Immediate Supervisor's name and job title:	Worked from: Pay:	Telephone No. (to: e dates	ending

SECTION III: EDUCATION

Level	Name & Location of School	Dates Attended	Year Graduated	Diploma, Degree/Certificate
High School				
Vocational, Technical or Correspondence				
College/University				
Graduate/Professional				
tate any additional info	ormation you feel may be helpful to us	s in understanding yo	ur application.	
			ur application.	
ERSONAL REFERENCES:	Please exclude relatives and supervis	sors	ur application.	
ERSONAL REFERENCES: . Name		sors		
ERSONAL REFERENCES: . NameAddress:	Please exclude relatives and supervis	sorsTele	phone No. [
ERSONAL REFERENCES: Name Address: Occupation	Please exclude relatives and supervis	sors Tele	phone No. [
ERSONAL REFERENCES: Name Address: Occupation Name	Please exclude relatives and supervis	sors Tele	phone No. (Years k	nown
ERSONAL REFERENCES: . Name Address: Occupation Name Address:	Please exclude relatives and supervis	sors Tele	phone No. (Years k	nown
PERSONAL REFERENCES: Name Address: Occupation Name Address: Occupation Occupation	Please exclude relatives and supervis	sors Tele	phone No. [Years k	nown

Occupation______Years known _____

SECTION IV: MILITARY HISTORY	
Veteran of U.S. Armed Forces? Yes No	
Branch	
Rank when discharged	
Present military status	
Service school or special experience	
AGREE	EMENT
This information provided in this application for employment is of employment, I understand that false or misleading inform discharge. I understand that all appointments are probation employment during the probationary period. I also understan normal business hours as the needs of the department require appointed Town physician, which may include testing for recognize that any offer of employment may be contingent unemployment offer by the Town is conditional upon my abiling Reform and Control Act of 1986. I authorize investigation of any pertinent information regarding my education, past employed.	mation given in my application or interview(s) may result in nary and that I must demonstrate my fitness for continued at that I must be available from time to time for work outside at that I must be available from time to time for work outside at that I must be available from time to time for work outside at Further, I agree to take a physical examination, given by an drugs, and a *psychological examination as required and upon the results of such an examination. I understand that any ity to establish employment eligibility under the Immigration all statements contained in this application and the release of
Signature:	Date:
* Applicants to Police Department Only	
APPLICANT DO NOT W	VRITE BELOW THIS LINE
Interview Date Interviewe	r
Remarks	
Action Taken	

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

COMPLETION OF THIS FORM IS OPTIONAL

TO BE USED BY THE TOWN OF NATICK'S EEO/AA REPORTING REQUIREMENTS

AN INVITATION

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, creed, religion, sex, sexual orientation, national origin, age, marital status, veteran status, medical condition or disability.

The Town of Natick, as part of its commitment to equal employment opportunity and to its affirmative action program, invites all applicants to provide the following information.

The information is voluntary and refusal to provide it will not have any bearing on our employment decision. The data is confidential and will be filed separately. It will be available only to authorized personnel for research reporting and evaluation purposes. The information is needed to document the hiring practices of the Town of Natick and to assess the effectiveness of its affirmative action program. Your cooperation would be appreciated but is entirely voluntary

osition applied for			Date:	
SEX Male Female		AGE Under 16 16 - 39 40 - 69 70+	ORIGIN White Black Hispanic Asian or Pacific I	
	DISABILITY Mental Physical None	VIETNA	☐ American Indiar M ERA VETERAN ☐ Yes ☐ No	ı or Alaskan Native